

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/09/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155167		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/13/2011	
NAME OF PROVIDER OR SUPPLIER  WESTMINSTER VILLAGE NORTH INC				STREET ADDRESS, CITY, STATE, ZIP CODE 11050 PRESBYTERIAN DRIVE INDIANAPOLIS, IN46236			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 04/13/11</p> <p>Facility Number: 000084 Provider Number: 155167 AIM Number: 100284600</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Westminster Village North Inc. was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors. The resident sleeping rooms were provided with battery operated smoke</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0052	<p>detectors. The facility has a capacity of 123 and had a census of 92 at the time of this survey.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 04/18/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p>						
SS=E	<p>Based on observation and interview, the facility failed to ensure 2 of 8 manual fire alarm pull station boxes at facility exits were unobstructed and readily accessible. NFPA 72, National Fire Alarm Code, 2-8.2.1 states manual fire alarm boxes shall be distributed throughout the protected area so they are unobstructed, readily accessible, and located in the path of exit from the area. This deficient practice could affect residents, staff and visitors exiting the facility from the 300 Hall and the 400 Hall exit by Room 402.</p> <p>Findings include:</p>			K0052	<p>Bids have been obtained and a contractor secured. Manual fire alarm pull station boxes have been installed in the two (2) denoted areas. No residents were affected. An audit of the entire health center was conducted in an effort to ensure that there were no other obstructed manual fire alarm pull station boxes. As a result, additional fire alarm pull station boxes will be installed so as to ensure that there is a pull located in the path of exit from every unit, and that they are unobstructed and readily accessible. Going forward, the Plant Operations Manager will be responsible for ensuring</p>		05/13/2011

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	<p>Based on observation with the Maintenance Director during a tour of the facility from 11:45 a.m. to 2:30 p.m. on 04/13/11, the manual fire alarm pull station boxes for emergency exits on the 300 Hall and the 400 Hall exit by Room 402 were located in exit foyers accessed through magnetically locked doors. Activation of the pull stations would automatically disengage the magnetically locked doors, however, access to the pull stations required unlocking the foyer access doors at each of these exits with a keypad access code which would delay alarm notification to facility occupants. Based on interview at the time of observation, the Maintenance Director acknowledged the location of the manual fire alarm boxes were in magnetically locked foyers and not readily accessible.</p> <p>3.1-19(b)</p>				<p>compliance with this standard. The Director of Campus Environment with the Plant Operations Manager will ensure that should any changes be made to the physical exits or magnetic lock placement, that manual fire alarm pull station boxes will be installed in accordance with NFPA 72, National Fire Alarm code, 2-8-2.1.</p>		